

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS PO Box 1450 Alexasotra, Virginia 22313-1450 www.repto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/530,950	04/08/2005	Jean-Pierre Fryns	50304/078001	4493
21559 CLARK & EL	7590 02/21/200 BING LLP	EXAMINER		
101 FEDERAL	. STREET		GREENE, JAIME M	
BOSTON, MA 02110			ART UNIT	PAPER NUMBER
			1634	
			NOTIFICATION DATE	DELIVERY MODE
			02/21/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

patentadministrator@clarkelbing.com

Interview Summary

 Application No.
 Applicant(s)

 10/530,950
 FRYNS ET AL.

 Examiner
 Art Unit

 JAIME M. GREENE
 1634

	JAIME M. GREENE	1634				
All participants (applicant, applicant's representative, PTO personnel):						

(1) JAIME M. GREENE.	(3) <u>Carla Myers</u> .			
(2) Atty James DeCamp.	(4)			
Date of Interview: 13 February 2008.				
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) ☐ applicant's representative]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.			
Claim(s) discussed: 63.				
Identification of prior art discussed:				
Agreement with respect to the claims f) was reached.	g)⊠ was not reached. h)□ N/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Written description and enablement rejections were discussed. Atty suggested limiting claims to human, autism and a specific translocation.				
(A fuller description, if necessary, and a copy of the ame allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attach				
GIVEN A NON-EXTENDABLE PERIOD OF THE LONGE	he last Office action has already been filed, APPLICANT IS R OF ONE MONTH OR THIRTY DAYS FROM THIS ITERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO			

/Carla Myers/ Primary Examiner, Art Unit 1634 Examiner's signature, if required

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.